

May 20, 2020

Resuming Inpatient Surgeries and Procedures – IMMEDIATELY AS OF MAY 22, 2020.

In accordance with the Amendment to Addendum 3 of Executive Order 01-20, Declaration of State of Emergency in Response to COVID-19 and National Guard Call-Out (“Executive Order”), issued on May 4, 2020, the Commissioner of the Department of Public Health, with the approval of the Governor, is allowing the resumption of inpatient surgeries and procedures.

Inpatient surgeries and procedures can resume immediately if providers adhere to the following Mitigation Requirements: Patients must be confident that the environment where they will receive care is safe.

This Guidance applies to licensed health care providers under Title 26 of the Vermont Statutes Annotated, though excludes dentistry and dental hygiene, whose practice will be subject to sector-specific guidance.

MITIGATION REQUIREMENTS

Providers must demonstrate that they are adhering to social distancing and relevant Vermont Department of Health and the Centers for Disease Control and Prevention (CDC) guidelines regarding infection control and prevention to maintain a safe environment for patients and staff.¹

Providers may begin to perform inpatient surgeries and procedures that have a minimal impact on inpatient hospital bed capacity and PPE levels, including those performed in an ambulatory surgical center setting. In the case of inpatient surgeries and procedures, providers should adhere to the Mitigation Requirements described below, and previously set forth in Guidance issued on May 15, 2020 entitled *Resuming Outpatient Services: Clinic Visits, Diagnostic Imaging, and Limited Outpatient Surgeries and Procedures*.

- **Screening of Patients:** Adopt a written process to screen patients for COVID-19-related symptoms prior to scheduled procedures or appointments.
- **Screening of Staff and Visitors:** Adopt a written process to screen all staff and essential visitors for COVID-related symptoms prior to entering facility. Symptomatic staff and visitors should be excluded from the facility and referred to their primary care providers for assessment and testing as appropriate.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- **Testing of Health Care Providers:** Adopt a written a plan for the periodic PCR testing of asymptomatic health care providers and staff. The plan shall include: 1) who is to be tested; 2) to which labs specimens will be sent 3) frequency;² and 4) plan for return to work for those who test positive for COVID-19.³
- Personal Protective Equipment (PPE) and supplies must be worn to ensure staff and patient safety. This may require surgical, N95, KN95, or other equivalent masks and eye-protection goggles or face shields. Providers must adhere to CDC's Standard and Transmission-Based Precautions.⁴
- All patients and patient companions must wear mouth and nose coverings (provided by the patient or by the practice) when in public areas and treatment areas.
- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced at a minimum of 6 feet to ensure CDC-recommended social distancing.⁵
- Providers must have written procedures for disinfection of all common areas. Such procedures must be consistent with CDC guidelines.⁶
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors and staff.
- Providers shall continue to offer alternative care delivery models, including telemedicine, when appropriate.
- Providers shall reevaluate and reassess policies and procedures consistent with guidance set forth by the CDC and the Health Department.
- Providers shall comply with current and future guidance issued by the Commissioner of Health and relevant licensing boards.

² Testing intervals should be determined by the provider or facility and based on transmission risk associated with procedures.

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

⁴ <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

⁶ <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

- All plans and processes required by this guidance must be maintained by the provider and be made immediately available to the State upon request.

1. Resuming Inpatient Non-Urgent Procedures

Providers may perform inpatient surgeries and procedures, upon making a case-by-case clinical determination that such surgeries and procedures can be performed safely. Performing surgeries and procedures is predicated on minimizing adverse patient outcomes associated with delayed care, minimizing community transmission, and preserving PPE. In the case of inpatient surgeries and procedures, providers should adhere to the Mitigation Requirements described above, and put into place the additional measures described below:

- **Testing:** COVID-19 PCR testing for all non-urgent procedures shall be conducted 24 to 96 hours prior to the surgery or procedure and the patient must socially isolate until the procedure.
- Results of the test shall be communicated to the patient prior to arrival at the facility for the inpatient surgery.
- **Available Personal Protection Equipment:** Each outpatient clinic will be responsible to ensure that it has adequate supplies of PPE, through its own suppliers, to comply with these and future guidelines. Providers will not rely on State sources or State supply chain for PPE.
- **Surge Capacity:** Before resuming elective procedures, hospitals must have a plan to promptly expand their critical care/inpatient capacity to handle a local surge of COVID-19 patients in their community.

Providers should continue to consider alternative care delivery models, including telemedicine, when clinically appropriate.

SUSPENSION OF OPERATIONS

If the Vermont Department of Health determines that a COVID-19 outbreak has occurred and providers cannot safely care for Vermonters in a way that: (1) limits the exposure of patients and staff to COVID-19; (2) preserves PPE and ventilators; and (3) preserves inpatient hospital capacity, the Department will notify and require all providers in the region to return to the standards set out in the executive order issued on March 20, 2020. Depending on the severity of the outbreak, the Vermont Department of Health may require all Vermont providers to adhere to issued guidance.